

**NAME/HOME ADDRESS/PLACE OF BUSINESS CHANGE FORM**

**Complete and Return this Form to the Following Address**

**Kentucky Board of Licensure for Massage Therapy**  
PO Box 1360  
Frankfort KY 40602

### Type of Change

**[ ] Name Change**

**[ ] Place of Business Change**

**[ ] Home Address Change**

**Please Complete the Following for Identification Purposes**

**Lic/Cert #****Social Security #**

## Today's Date

**Gender**  
**(Circle One)**

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**Female      Male**

**Last Name**

**First Name**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
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[illegible]

**Middle Name**

□ □ □ □ □ □ □ □ □ □ □ □ □ □

Signature: \_\_\_\_\_

**Name Change (only)**

(Must be accompanied by legal documentation authorizing such change, e.g.: court order, marriage certificate, divorce decree)

**Last Name**

**First Name**

[illegible][illegible]

**Middle Name**

[illegible]

### Address Change (only)

**Residence or Business (Circle One)**

### Street Address

[illegible]

PO Box #

Apt # 

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City

[illegible]

## State

11

**Zip Code**

County

**Phone**